MEDICAL SOCIETY OF METROPOLITAN PORTLAND

The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON

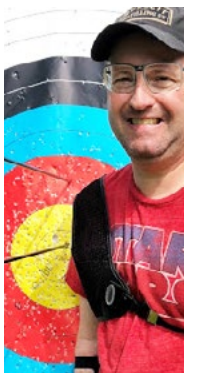
Reconstructive and Plastic Surgery

Advances have vastly changed the treatment of head and neck cancer and improved patients' quality of life.

– Page 6

OFF HOURS

Right on target



Physician adds unique hobby to his quiver.

– Page 8

Serving the Portland-area Medical Community Since 1884 www.MSMP.org January 2019

Providence joins national drug nonprofit seeking stable, affordable generics supply

Civica Rx intends to start producing first medications this year

By Cliff Collins
For The Scribe

Providence Health & Services, as part of its parent company, is collaborating with seven of the nation's largest health systems to form a new, nonprofit generic drug company.

According to its founding members, **Civica Rx**'s purpose is to ensure that life-saving generic medications are accessible and affordable, at a time of escalating drug prices and continuing shortages of critically important medications.

Civica Rx is striving "to stabilize the supply of essential generic medications administered in hospitals," said **Lisa Vance**, chief executive of Providence in Oregon, which is owned by Providence St. Joseph Health in Renton, Wash., one of the seven members. "This will help drive down our collective drug spend and enable us to pass the savings along to the patients and purchasers."

The new venture, which publicly announced its name and governing structure in September, intends to launch production of its first drugs in 2019, said **Elie M. Bahou, PharmD, MBA**, executive vice president and chief pharmacy officer of Providence St. Joseph Health.

ELIE M. BAHOU, PHARMD, MBA

His organization, along with Catholic Health Initiatives, HCA Healthcare, Intermountain Healthcare, Mayo Clinic, SSM Health and Trinity Health, had grown "tired and battered" by shortages and costs for many generic drugs, primarily older drugs, some of which have risen in prices ranging from 50 percent to 1,000 percent in recent years, he said.

The group said it expects its initiative to result in lower costs and more predictable supplies of important medicines, helping ensure that patients and their needs come first.

Civica has identified 14 hospital-administered generic drugs as the initial focus of the company's efforts. The company will be a Food and Drug Administration-approved manufacturer that will either directly produce generic drugs or subcontract the work to reputable firms.

Bahou noted that since the initiative was announced last January, more than 120 health organizations representing about a third of the nation's hospitals have contacted Civica and expressed a commitment or interest in participating.

Bahou said Civica was made a nonprofit on purpose, so that its status as not for sale would be clear to any potential big pharmaceutical manufacturers who might try to buy it out.

The additional involvement of three major philanthropies as governing members – the Laura and John Arnold Foundation, the Peterson Center on Healthcare and the Gary and Mary West Foundation – was intended to underscore and protect the company's not-for-profit, social welfare mission.

Founders also recognized the risk that existing drug makers might try to undercut Civica's prices, Bahou acknowledged. To counter that possibility and keep its prices down, each member of the collaborative agreed to make a commitment to order from Civica a minimum of a certain percentage of their drugs at agreed-on prices, he said.

The partners concluded that the risk of doing nothing – which would mean

*See **CIVICA Rx,** page 11*

NOTE TO OUR READERS

Welcome to the electronic version of *The Scribe* newspaper. Please make note of some of the interactive features of this publication. Articles that jump between pages have hyperlinks on the continuation line for your convenience. We have also linked advertisements and other web references to their respective websites.

You can double-click the page to zoom in or out, and grab and drag when zoomed in, to navigate around.

If you would prefer a print version of this paper, we encourage you to subscribe by calling 503-222-9977 or emailing *Janine@MSMP.org*.

We welcome your feedback, and appreciate your readership.

Thank you.

Physicians Answering Service recovers from office fire

Photo courtesy of Physicians Answering Service

Physicians Answering Service lost its headquarters in an electrical fire last January and will celebrate its new home at 5100 S.W. Macadam Ave. with an open house for existing clients and potential new ones.

Please see the full article on page 10.

30%

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Valerie Halpin, M.D.
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Submit your nominations for the Rob Delf Honorarium Award

The deadline for nominations is Jan. 18

MSMP is seeking nominations for the Rob Delf Honorarium Award, the annual award the Medical Society's Board of Trustees created in recognition of Rob Delf's long service to the organization.

The award is given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice. This can be demonstrated by work projects or activities that improve community health or the practice of medicine in arenas including, but not limited to, the practice of medicine; educating new members of the medical community; educating the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities related to health care and policy.

The award may be given to members of the medical community, the health education community or the general public. Please visit *www.MSMP.org* or *www.MMFO.org* to submit your nomination. The deadline for nominations is Jan. 18.

MSMP ANNUAL MEETING
Save the date: May 7, 2019

LOCATION: **The Nines Hotel**
525 SW Morrison St., Portland

Join your colleagues for an evening of savoring food and spirits amidst the ambiance of live music during our **135th Annual Meeting** as we celebrate recent accomplishments and what to look forward to in the upcoming year.

More information to come. Visit *www.MSMP.org* in early 2019 for our special speaker announcement!

Required Annual OSHA Training and Advance HIPAA Compliance

MSMP is proud to present our OSHA and HIPAA training, tailored for members and led by Virginia Chambers, CMA (AAMA)

9 AM – 12 PM, Wednesday, Jan. 30

LOCATION: **MSMP, 1221 SW Yamhill St. Suite 410, Portland**

ANNUAL OSHA TRAINING IS REQUIRED and the ONC, OCR and AHIMA recommend annual HIPAA training. Attendees will receive a Certificate of Participation that can be presented to their employer for credit.

COST: $75 for MSMP members and their staff; $95 for non-members

QUESTIONS: Sarah@MSMP.org

REGISTER: www.MSMP.org/Events

Student Award nominations needed

The deadline for nominations is Feb. 27

MSMP is pleased to present our annual Student Award, paying tribute to a student who embodies our mission to create the best environment in which to care for patients. We are looking for a medical student or physician assistant student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement and strives for wellness to meet the highest standards of service.

If you would like to recognize a student member who has shown these attributes, please visit *www.MSMP.org* to complete a nomination form. Nominations must be submitted by Feb. 27.

Welcome Our Newest MSMP Group Members!

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- **OSHA/HIPAA Courses**
- **Scribe Newspaper**
- **Little Black Book**

Join today at MSMP.ORG

Groundbreaking clinical trial combines radiation therapy, immunotherapy to treat cancer before surgery

By Melody Finnemore
For The Scribe

The first phase of a clinical trial that combines low-dose radiation therapy and immunotherapy before surgery for head and neck cancer is showing promising results, and **Providence Cancer Institute** plans to expand it during the next phase.

Rom Leidner, MD; Marka Crittenden, MD, PhD; R. Bryan Bell, MD, DDS; and **Kristina Young, MD, PhD,** are co-principal investigators in the clinical trial, which is the first of its kind in the world. Initial results show the combination of low-dose radiation therapy and immunotherapy before surgery improves the body's immune response to head and neck cancer.

"It's really an exciting approach to treating this disease," Bell said, noting the new class of immunotherapies approved by the Food and Drug Administration has improved the survival rate for many cancer patients. "Immunotherapy has really transformed the practice of oncology."

At the same time, however, the medical community is exploring how often to use radiation, what the dosage should be and whether different ways of delivering radiation therapy are more effective. Traditionally, patients with head and neck cancer and other cancers would receive radiation treatment Mondays through Fridays for about seven weeks, combined with a high dose of chemotherapy.

"The problem with that is that requires a lot of transportation, and it is highly toxic and difficult to tolerate, particularly for people with head and neck cancer because the mouth, tongue, throat and voicebox are highly sensitive," he said. "Standard radiation treatment also kills immune cells that are trying to get into the tumor and potentially kill the tumor. We know that the higher number of immune cells within a tumor is actually better for treatment. By releasing the brakes on the immune system, we think we can make our cancer treatment more effective and less toxic."

Bell, medical director of the Providence Head and Neck Cancer Program and clinic at Providence Cancer Institute and Earle A. Chiles Research Institute at the Robert W. Franz Cancer Center, said the 10 patients involved in the clinical trial's first phase received three to five radiation treatments for one week combined with immunotherapy and followed by a minimally invasive surgical procedure. The patients have tongue and throat cancers related to the HPV virus.

"This is incredibly impactful for people who have to travel to only come for radiation three days for only one week, rather than five days per week for seven weeks," he said, adding the treatment may control the disease both locally and distantly because the immune system surveils the body for cancer cells that could attack in the future.

The clinical trial, which began in May, will expand to include 20 more patients in two cohorts. During the second phase, Providence Cancer Institute plans to partner with academic institutions on the west and east coasts that have multiple cancer centers to build on the initial research.

"It's a very exciting time and we believe that eventually this could actually lead to a new standard of care. It's too early to say that, but that's what we're hoping," Bell said. ■

"It's a very exciting time and **we believe that eventually this could actually lead to a new standard of care.** It's too early to say that, but that's what we're hoping."

– R. Bryan Bell, MD, DDS

New research shows sustained responses for those with most common form of lymphoma

New clinical trial research demonstrates ongoing promising results for patients with the most common form of lymphoma – relapsed or refractory (r/r) diffuse large B-cell lymphoma, or DLBCL.

The clinical trial, known as JULIET, focused on long-term results for study participants receiving a single dose of tisagenlecleucel (Kymriah), the first cell-based gene transfer therapy available in the United States, **Oregon Health & Science University** noted.

Kymriah, made and marketed by Novartis, uses chimeric antigen receptor (CAR) T-cell therapy, a form of immunotherapy in which the patient's own blood cells are collected, genetically engineered to attack B-cell lymphoma cells, then infused back into the patient.

The results from this international clinical trial show that at a median of 19 months after treatment, the overall response rate was 54 percent among 99 trial participants who were followed for at least three months or discontinued therapy early; 40 percent of those participants achieved a complete response, and 16 percent achieved a partial response.

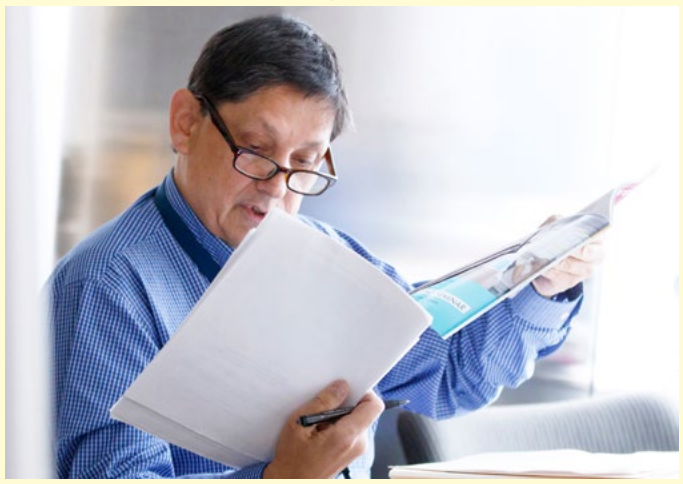
The phase II study, co-led by **Richard Maziarz, MD**, medical director of the adult blood and marrow stem cell transplant and cellular therapy program in the OHSU Knight Cancer Institute, was recently published in *The New England Journal of Medicine*, and updated study results were presented at the American Society of Hematology conference.

"This study is the first to outline long-term Kymriah results for these lymphoma patients, and we're seeing that these responses can be sustained," Maziarz said. "There are a significant number of patients who are remaining free of disease, and none of those still in remission proceeded on to transplantation. This approach appears to offer a single treatment that can relieve symptoms and save lives for people who had otherwise faced a very poor prognosis."

OHSU noted that this is the first global study to examine a CAR-T therapy exclusively in people with DLBCL. Research was conducted at 27 treatment sites spanning 10 countries across North America, Europe, Australia and Asia. The OHSU Knight Cancer Institute was an early adopter and one of a handful of certified treatment centers in the nation to offer this therapy to patients with DLBCL.

Maziarz, senior investigator for the clinical trial who served as chair of the scientific steering committee throughout the drug's clinical development, said future research efforts could include determining which patients may benefit from additional therapies to maintain or improve patient responses.

"We're changing the natural history of the disease and, as a next step, it is critical to identify subpopulations of patients who may need other therapies in addition to CAR-T," he said. "This research is really the foundation for the next wave of studies to assess combination therapies."



"When we send people home after the course of treatment, **most patients can anticipate long-term results**. We're at the forefront of something new."

– OHSU's Richard Maziarz, MD

OHSU noted that Kymriah is the only CAR-T therapy that has been FDA approved for two distinct indications – patients with r/r DLBCL and pediatric and young adult patients with r/r B-cell acute lymphoblastic leukemia, or ALL. Last year, OHSU Doernbecher Children's Hospital was the first Pacific Northwest hospital to offer this treatment to pediatric and young adult patients with ALL.

"When we send people home after the course of treatment, most patients can anticipate long-term results," Maziarz said. "We're at the forefront of something new." ■

AMA study: 15 percent of physicians work in practices that use telemedicine with patients

The American Medical Association last month released what it called the first nationally representative estimates on how many physicians use telemedicine, and what functions it serves in their practices. One key finding: 15 percent of physicians worked in practices that used telemedicine for patient interactions, such as diagnosing or treating patients, following up with patients or managing patients with chronic conditions.

Based on a 2016 survey of patient care physicians from all corners of the medical profession, the results gauge the emergence of telemedicine and its integration into health care delivery. The AMA's benchmark telemedicine study was published in the December issue of *Health Affairs*.

"While regulatory and legislative changes have been implemented to encourage the use of telemedicine, there are no nationally representative estimates on its use by physicians across all medical specialties," said Carol K. Kane, study co-author and AMA director of economic and health policy research. "To fill this information gap, the AMA study surveyed 3,500 physicians to provide needed data that will help assess potential barriers and create strategies to promote telemedicine adoption."

The study also found that 11 percent of physicians worked in practices that used telemedicine for interactions with health care professionals, such as having a specialty consultation, or getting a second opinion.

Radiologists (39.5 percent), psychiatrists (27.8 percent) and cardiologists (24.1 percent) had the highest use of telemedicine for patient interactions. In other specialties, the use of telemedicine for patient interactions ranged from 6.1 percent to 23 percent, the study found.

Emergency medicine physicians (38.8 percent), pathologists (30.4 percent) and radiologists (25.5 percent) had the highest use of telemedicine for interactions with health care professionals. In other specialties, the use of telemedicine for interactions with health care professionals ranged from 3.3 percent to 14.9 percent.

Meanwhile, videoconferencing was the telemedicine modality with the most widespread use. Videoconferencing was used in the practices of 12.6 percent of physicians. Use of videoconferencing was most common among emergency medicine physicians (31.6 percent), psychiatrists (25.8) and pathologists (24.1 percent).

Store and forward of patient data for analysis and diagnosis was used in the practices of 9.4 percent of physicians. Using telemedicine to store and forward patient data was most common among radiologists (42.7 percent), pathologists (22.7 percent) and cardiologists (14.9 percent).

Remote patient monitoring (RPM) was used in the practices of 7.3 percent of physicians. Use of remote patient monitoring was most common among cardiologists (17.9 percent), nephrologists (15.4 percent) and neurologists (12.8 percent).

Cost a possible hurdle to implementation

Physicians in smaller medical practices and physician-owned medical practices had a lower rate of telemedicine use than physicians in larger medical practices and ones that were not physician owned. The findings suggest the financial burden of implementing telemedicine may be a continuing barrier, especially for that segment of practices.

The AMA said it is committed to making technology an asset, not a burden, and continues to invest in resources that provide physicians with a proven path for integrating telemedicine and digital health technologies into patient care.

A module in the AMA's STEPS Forward™ collection of practice improvement strategies can help physicians use telemedicine in practice. In the module, physicians learn the four steps to adopting telemedicine and how to navigate the benefits and challenges of remotely monitoring patients.

The AMA's Digital Health Implementation Playbook offers a 12-step process for adopting RPM using devices, trackers and sensors to capture and record patient-generated health data outside the traditional clinical environment. Through RPM, physicians can apply patient-generated health data to improve the management of chronic disease, while engaging patients in their own care. ■

The AMA's benchmark telemedicine study was published in the December issue of Health Affairs. To read it, please visit www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.05077

Highest use of telemedicine for patient interactions by specialty

RADIOLOGY **39.5 percent**

PSYCHIATRY **27.8 percent**

CARDIOLOGY **24.1 percent**

In other specialties, the use of telemedicine for patient interactions ranged from **6.1 percent** to **23 percent**.

Scribe Focus
Reconstructive and Plastic Surgery

Each month, *The Scribe* focuses on a health topic, providing a deeper look into issues and advances that impact the area's medical community and patients. In February, we'll focus on Elder Care.

Reconstructive surgery advances improve quality of life for head and neck cancer survivors, others

By Melody Finnemore
For The Scribe

Advances in reconstructive surgery and technology have vastly changed the treatment of head and neck cancer and improved the quality of life for patients.

Ashish Patel, MD, DDS, FACS, head and neck surgeon with the **Providence Oral, Head and Neck Cancer Program** and **Providence Cancer Institute**, said most patients with head and neck cancer require surgery to remove diseased tissue, which can be complicated because the head and neck contain such a dense concentration of tissue and nerves.

"What we used to consider as a successful operation was to remove the cancer and cure them of that, but the problem with that was the loss of certain functions because of the loss of tissue," he said, adding some of the results included facial disfigurement and lost ability to chew or smile.

> "One of the scariest things for patients to think about as they go through cancer treatment is, of course, are they going to survive this and beat cancer, and are they going to be able to return to a normal life after treatment? Giving a patient the ability to eat and speak and smile after treatment is **one of the most rewarding things we can do.**"
>
> *–Ashish Patel, MD, DDS, FACS*

Patel, who specializes in oral, head and neck oncologic surgery, and microvascular reconstructive surgery, began performing microvascular tissue transfers about five and a half years ago and said he has seen remarkable results.

During the procedure, Patel harvests tissue and bone with its blood supply intact from another site on the body and transfers it to the head and neck. It is fashioned to look like a jawbone using computer surgical software.

Virtual surgical planning pioneered at Providence uses computer-aided surgical planning that imports CT images into a software system and manipulates the skeletal components into proper position. It then prints guide stents and cutting guides that allow for precise and accurate skeletal repositioning. That is combined with guided or navigated dental implant placement that gives patients back their speech and ability to chew, swallow, blink and smile while retaining their appearance.

"One of the scariest things for patients to think about as they go through cancer treatment is, of course, are they going to survive this and beat cancer, and are they going to be able to return to a normal life after treatment?" Patel said. "Giving a patient the ability to eat and speak and smile after treatment is one of the most rewarding things we can do."

A procedure called gracilis free flap is particularly effective for facial reanimation and involves transferring muscle from the thigh near the groin with its nerves, artery and vein. It is then attached to a cross-facial nerve graft. Patel noted that the transfer not only provides tissue that is alive, but that can also receive motor and nerve input to allow for movements such as smiling and blinking.

"You can use muscles from various parts of the body, but the gracilis is kind of a workhorse flap for facial reanimation," he said.

Patel said he performs the microvascular tissue transfers once or twice each week and has found it to be successful not only for cancer patients, but also for those who have suffered significant trauma such as a gunshot wound or car accident and people born with congenital diseases or without body parts. However, the majority of his procedures are done on patients with head and neck cancer.

"As much as people are very grateful to be alive and cancer free, they are most appreciative of their ability to do the things they used to like speak with their loved ones and go out to eat," he said. ■

> "As much as people are **very grateful to be alive and cancer free,** they are most appreciative of their **ability to do the things they used to** like speak with their loved ones and go out to eat."
>
> *–Ashish Patel, MD, DDS, FACS*

Age alone doesn't increase complications of free-flap reconstruction in older women, research finds

Breast reconstruction using a "free flap" from the patient's abdomen is a safe procedure with a high success rate in older women opting for reconstruction after mastectomy, according to a study in the December issue of *Plastic and Reconstructive Surgery*, the American Society of Plastic Surgeons' medical journal.

Although the risk of some complications is higher, free-flap reconstruction has "generally good outcomes" in women ages 65 or older, according to the report by ASPS member surgeon Oren Tessler, MD, MBA, and colleagues at Louisiana State University Health Sciences Center.

"Older women desire breast reconstruction after mastectomy, and should be offered all reconstruction options available," Tessler said.

Researchers analyzed their experience with one type of free flap – deep inferior epigastric artery perforator, or DIEP flap – for breast reconstruction after mastectomy, comparing the outcomes in older vs. younger women. Free flaps are an autologous reconstructive procedure, meaning that they use the patient's own tissues rather than implants. The DIEP flap uses tissue from the patient's abdomen.

The study included data on DIEP flap reconstruction of 339 breasts in 208 patients after mastectomy for breast cancer between 2009 and 2013. Complications and risk factors were compared in a group of older women (average age 67 years, 54 flaps) vs. younger women (average age 49 years, 285 flaps). The older women had substantially higher rates of medical risk factors, including diabetes, high blood pressure and high cholesterol.

The primary outcome – complete or partial loss of the DIEP flap or the need for further flap surgery – was not significantly different between the older and younger groups. Dehiscence, a type of wound-healing complication, was more common in the older group: nearly 26 percent, compared to 8 percent in the younger group. Complications related to the flap donor site in the abdomen were similar between age groups.

After adjustment for other factors, including the higher rate of medical risks in older women, age was a significant risk factor for complete flap loss as well as dehiscence. However, the absolute risk of complete flap loss was very low: only three cases (two in the older group, one in the younger) in a total of 339 DIEP flaps.

"The overall success rate in our older DIEP flap cases was 96.3 percent, only marginally lower than the 99.6 percent rate in our younger cases," Tessler noted.

Breast cancer is primarily a disease of older women. The median age at diagnosis is 62 years, and more than 40 percent of patients are 65 or older. Although breast reconstruction has important benefits after mastectomy, older women are less likely to undergo this procedure. Surgeons may perceive that breast reconstruction is riskier in older women, with higher rates of complications and wound-healing problems, a news release about the study noted.

The new study does show that being age 65 or older is associated with some increased risks after breast reconstruction, but these complications appear at least partly related to the higher rates of medical risk factors among older women. The findings reinforce the importance of assessing the individual patient's health status, not just age alone, in determining the risks of breast reconstruction, the news release noted.

Previous studies have suggested that older women undergoing mastectomy do want breast reconstruction, and that the benefits are similar to those in younger patients.

"Although there is an increased risk of flap loss with age, patients 65 years and older can be advised that free-flap reconstruction carries an acceptable risk profile in comparison to benefits of the procedure," the study authors wrote. ■

> "The overall success rate in our older DIEP flap cases was 96.3 percent, **only marginally lower than the 99.6 percent rate** in our younger cases."
>
> *–Oren Tessler, MD, MBA*

'Everybody has a right to feel good about how they look'

Nagging discomfort near the breast where Karen Jones had a lumpectomy in 2001 to remove breast cancer had her worried. And even though Jones remained cancer-free, she was troubled that cancer could return. When diagnosed that year, she had no family history, or any statistical elements found in women who develop breast cancer.

"If it happened once, it could come again," she said.

Jones also had lived with breast deformity and pain for years from complications after a breast reduction surgery.

She decided to have a double mastectomy as a preventive measure. "I wanted a clean slate and not have to worry about old tissue that could potentially turn to cancer," she said.

She also opted to have breast reconstruction surgery immediately after the mastectomy, consulting with plastic surgeon **Mark Gelfand, MD**, with **Legacy Medical Group-Plastic and Reconstructive Surgery** about it. A major consideration for Jones was whether to use artificial silicone implants or her body's own tissue for the breast reconstruction.

Gelfand discussed the benefits and risks of artificial tissue and natural tissue reconstruction. "The surgery and recovery process with natural tissue reconstruction are more complex and lengthy," he said. "A major benefit of using a woman's own tissue is there are no future risks of implant malfunction or need for future surgery to replace an implant."

Once the shaping and healing process is complete with natural tissue, no further surgery is required.

After the consultation with Gelfand, as well as conversations with other women who had reconstruction surgery, Jones decided to use her body's own tissue.

"It's an individual decision for each woman," she said. "I believe the body will deal better with natural tissue. The body already is healing from an intense surgical process, and an artificial implant could create more challenges."

The double mastectomy was completed by **Cynthia Aks, DO**, a surgical oncologist with **LMG-Surgical Oncology**, and the DIEP flap breast reconstruction procedure was done by Gelfand last August.

Jones' recovery has gone about how she expected. She knew healing would be extensive because of the type of surgeries and size of the wounds. The left breast was slower to heal and required minor follow-up surgery to clean the wound and encourage healing. Home health nursing visits provide weekly wound care.

"It's been a tedious process with wound care," she said. "Everybody heals differently, and mine required a bit more attention to get going in the right direction."

She's finally at ease about her health and has no concerns about breast cancer returning. Gone are the years of living with painful and deformed breasts. She is happy with her new shape and feels natural and normal.

"Everybody has a right to feel good about how they look," she said. ■

This piece originally appeared on Legacy Health's website.

PHYSICIAN ADDS UNIQUE HOBBY TO HIS QUIVER

By Jon Bell
For The Scribe

Last summer, an arrow rocketed alongside **Steven Seres**' house on what should have been a path toward a bullseye.

The archer was Seres' daughter, Lucy, who'd been practicing her target shooting. And doing quite well from close range, according to Seres.

"She was doing really well, so I thought I'd give her a little more distance," he said.

But the next projectile went wide left by about three feet, missing the target and instead piercing a vital copper tube inside Seres' heat pump. There was a giant pop followed by a 10-minute hiss as the unit's Puron refrigerant escaped into the atmosphere.

"She killed it," said Seres, MD, an internal medicine physician at Legacy Medical Group–Northeast. "The repair guys had never seen that one before. Lucy has not picked up a bow since then."

That last bit may have more to do with the fact that Lucy is 15 and now into other things. Seres, however, is still very into target archery, as is his wife, Georgy. It's a hobby the family first dabbled in a few years ago when, on a whim, they'd signed up for a family camping excursion on the Oregon Coast. One of the activities during the experience was archery.

"We all got to stand up there with a bow and shoot arrows at a target," Seres said. "I was just hooked right away. I don't know why, but I was. It happened very quickly."

Fast-forward a few years, and Seres is now an avid archer who shoots every weekend, if not more frequently. His son and daughter didn't stick with it, but Seres' wife is right there with him, even though she's currently nursing an injury. They set up their own shooting range alongside their house – maybe just a touch too close to the heat pump – and they compete in at least one practice tournament each month.

"The people who do this are really fun," Seres said. "Everyone nerds out on it. You see people who are young and old and from all walks of life. It's not elite. It's just really nice and you can learn a lot from it."

Seres competes in a kind of archery known as barebow, which is a fairly stripped-down bow compared to the more souped-up compound bow.

"A compound bow to a barebow is kind of like a machine gun to a pea shooter," he said.

In the tournaments, scores of archers line up and shoot three to five arrows at targets 20 yards away in multiple rounds known as ends. Everyone shoots at the same time.

"It's kind of like a scene from 'Braveheart,'" Seres said, "but it's a little more organized."

A perfect score in barebow is 300. Seres said his best so far is 170, but he's working his way up and hopes to hit and beat 200 sometime not too far off.

"I think I can get there," he said.

ARCHERY A STRESS RELIEVER

Long before he got into archery, Seres was into journalism. An Oregon native who was born at Legacy Emanuel – the same hospital where he now works – Seres graduated from the University of Oregon with a degree in journalism. He ended up working in advertising, representing clients who wanted their TV ads to appear in certain markets. Turned out, it was not the career for Seres.

"It wasn't what I'd learned about in journalism school," he said. "It was more about who knew who and who could bully who. It really wasn't fun."

Seres had initially steered clear of medicine, in part because he felt like he would have been doing it just because his father, brother and others in the family were in the field. But as he got a little older – "a little more mature," he said – Seres realized he didn't want to stick with advertising and that there might be something a little more rewarding in medicine. He took a few classes at Portland State University, worked for a time in a lab and then went to medical school at Jefferson Medical College, now known as Sidney Kimmel Medical College, in Philadelphia.

Though he enjoyed all the different rotations – psychiatry, cardiothoracic surgery and others – Seres said that he realized he didn't want to have to spend 10 years training, particularly because he was already a little older. He also knew he wanted to have kids and wanted to be a part of their lives. All of those factors pointed him toward internal medicine, a field he said he enjoys.

"It's just a great pleasure for me to talk to people," he said. "In school, I would get in trouble for that. Now I get paid for it. I love my patients, I love my families and I love being there in the good times and the intense times."

When the times do get intense, Seres said he finds a little bit of stress relief with a bow in his hand. He finds the contrast between archery and his day-to-day life as a doctor appealing.

"There's a real difference in that the systematic approach of aiming a shot to get the same result every time is the opposite of what happens when you are treating a person," he said. "With patients, it's not always just from the book. You have to make your approach relevant to each individual person. I think (archery) is a relief from that. It's a place where I can aim at a target and hit it. I don't have to worry about it being terribly unexpected." ■

Steven Seres, MD, an internal medicine physician, said he got hooked on archery quickly – and he shoots often, competing in a form known as barebow.

Photos courtesy of Steven Seres

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Physicians Answering Service recovers from office fire

Nearly a year after loss, organization planning an open house in new digs

On Jan. 28, 2017, Jane Dorosh got a phone call that avalanched into one of the worst nights of her life. Director of operations for **Physicians Answering Service**, Dorosh learned that an electrical fire that had started below the office had destroyed the building on Southwest Macadam Avenue that housed the organization's office and several other businesses.

"We had four employees working Sunday night, and the fire was burning below them and above them. Within 45 minutes of them going out the back door, the roof collapsed. The most important thing for us was that nobody got hurt," she said. "We lost everything within seconds, and I mean everything."

Manager Cathy Todd said that while the staff of Physicians Answering Service was upset about their own loss, their sadness extended to others. "Besides your own business, you're also thinking about other tenants who lost their businesses, too, and we had a lot of relationships in that building."

Founded in 1927, Physicians Answering Service responds to phone calls for physicians after hours with HIPAA-certified staff and encrypted messages that ensure confidentiality for clients and their callers. At the time of the fire, the organization had alternate sites and on-site redundant disk drives.

Dorosh noted the sudden loss of the building's electrical system hindered her attempts to get a backup from the service's vendor. The worst part was a telephone outage at about the same time. She spent the remainder of the evening and the following days arranging for employees to answer calls at their homes remotely and implementing the plan for sister offices to handle calls.

"It was slow at first, but we were up and answering calls within 72 hours. It wasn't as smooth as we would have liked, but we did it," she said. "It's very difficult and I can tell anybody who experiences something like this that you can never be fully prepared. We learned a lot of lessons."

As a result of such lessons, Physicians Answering Service now uses an offsite telephone switch at a fully redundant "co-location" facility.

Physicians Answering Service attempted to send a mass email to clients letting them know what had happened, but many of the emails went into spam filters because of the mass transmission. Rhea Brightmon, general manager, called all of the area's hospitals and asked that they tell their physicians about the fire.

"We had some customers that were fabulous and answered their own calls until Physicians Answering Service could get better organized. We were very touched by all the expressions of support. Understandably, some people were upset with us because of the delay in establishing full service," Dorosh said.

She thanked the sister sites that helped answer calls during the recovery period as well as Urban Office, which provided temporary office space. One of the unexpected obstacles was locating new office space in the competitive Portland rental market. Physicians Answering Service moved into its new digs at 5100 S.W. Macadam Ave., across the street from the old headquarters site. Storing its equipment in a co-location center provides better security for its server, storage and networking equipment, and less space is required for the new office.

"We have a beautiful new office, we have fully recovered and we plan on being better than ever," Brightmon said, adding Physicians Answering Service plans to host an open house so existing customers and potential new ones can see its new space and how the service operates.

Todd noted, "Some clients had to leave during the outage and we do understand that, but we'd like them to come back." Each month brings the return of some former clients, she added.

Physicians Answering Service also helps the **Medical Society of Metropolitan Portland's Physician Wellness Program** by donating its service to field after-hours calls.

As Physicians Answering Service approaches the one-year anniversary of the fire, Dorosh, Brightmon and Todd said they feel an overwhelming sense of gratitude.

"When any kind of traumatic event takes place, people tend to go into fight or flight mode, and we just went into fight mode. Jane was phenomenal and worked so hard to get staff logged on as remote operators so they could take calls," Brightmon said. "We just feel very blessed that we have this team of strong people we work with. A lot of us have worked together for many years and we feel very lucky to have each other." ■

Barr-Gillespie becomes OHSU's first chief research officer, executive VP

Peter Barr-Gillespie, PhD, has taken the reins as Oregon Health & Science University's first chief research officer and executive vice president.

Barr-Gillespie, who moved into the role Jan. 1, served as OHSU's interim senior vice president for research since 2017.

PETER BARR-GILLESPIE, PhD

In his new role, he is principal adviser to OHSU President Danny Jacobs, MD, MPH, FACS, on research strategy and research resource allocation. He leads and manages OHSU's research enterprise comprising dozens of internationally and nationally acclaimed basic, translational, clinical and public health research programs, and serves on the president's executive leadership team.

Barr-Gillespie also will collaborate with external academic, industrial and community research partners, and various funding, regulatory and accrediting bodies. In addition, he represents OHSU in research collaborations with other universities in Oregon and the Northwest.

"I am excited to support Dr. Jacobs in developing OHSU's 2025 strategic plan for research," Barr-Gillespie said. "To be among the top-ranked research universities for NIH funding in the country and maintain our national reputation for cutting-edge research, we need to empower our researchers to do their best science by smartly investing in people, core resources and space, and enhancing our graduate programs."

OHSU noted that Barr-Gillespie is an internationally recognized scholar, biomedical researcher and visionary academic leader who has been on the OHSU faculty since 1999. He holds faculty appointments in the departments of otolaryngology/head and neck surgery, biochemistry and molecular biology, and cell and developmental biology in OHSU's School of Medicine and Oregon Hearing Research Center. He also is a senior scientist in the OHSU Vollum Institute.

An NIH-funded investigator, Barr-Gillespie's research focus and passion is understanding the molecular mechanisms that enable our sense of hearing. Specifically, the Barr-Gillespie lab seeks to determine how sensory cells in the inner ear allow humans to perceive sound arising from the outside world. He will maintain his research program while serving as chief research officer, OHSU said.

He also is the scientific director of the Hearing Restoration Project, an international consortium of 14 investigators funded by the Hearing Health Foundation. The project's goal is to develop a biological therapy for hearing loss arising from destruction of hair cells, which are not regenerated after damage from noise, ototoxic drug or aging. ■

PeaceHealth acquires Zoom+Care

PeaceHealth has acquired **ZOOM+Care**, the organizations announced in mid-December.

"The addition of Zoom to PeaceHealth's networks accelerates our vision of ensuring greater health care accessibility and affordability in our communities while increasing our ability to meet the on-demand needs of today's consumer," said **Liz Dunne**, PeaceHealth president and chief executive officer. "What is so exciting about this relationship is the complementary nature of our organizations and our shared passion for being the stewards of our communities' health and well-being."

ZOOM+Care, founded in 2006, serves hundreds of thousands of people annually in 37 neighborhood clinics in Oregon and Washington, providing a range of health care and telemedicine services. PeaceHealth, based in Vancouver, is a nonprofit Catholic health system offering care in Washington, Oregon and Alaska.

"We found in PeaceHealth a shared vision and recognition that health care is continually evolving, with increasing preferences for on-demand care," said **Dave Sanders, MD**, Zoom's co-founder and CEO. "PeaceHealth and ZOOM+Care both aim to create a magnetic consumer experience, provide superb clinical results and help make health care more accessible and affordable."

Under terms of the agreement, ZOOM+Care will operate under its own brand name, with separate leadership and board of directors. The acquisition was expected to close Dec. 31, 2018. ■

Randall PICU receives excellence award

For the third time, **Randall Children's Hospital's Pediatric ICU** has received the Gold Beacon Award for Excellence from the American Association of Critical Care Nurses.

The Beacon Award recognizes critical care units that have demonstrated their ability to provide exceptional care to patients, demonstrated their continued work on improving outcomes for patients, and to teams that have been able to build positive and supportive work environments. It includes bronze, silver and gold levels so that a unit can chart its excellence journey over time.

The gold-level award places the PICU at Randall among an elite group of only 13 other pediatric intensive or critical care units in the U.S. that have achieved the gold designation. Randall Children's Hospital at Legacy Emanuel is also the only one in both Oregon and Washington to receive the gold level, Legacy said in a press release.

The Beacon Award recognizes significant milestones along a unit's journey. For patients and families, the Beacon Award signifies exceptional care through improved outcomes and greater overall satisfaction. For hospital staff, a Beacon Award signals a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

Applicants for the award are examined in several areas, including leadership structures and systems; appropriate staffing and staff engagement; effective communication, knowledge management, learning and development; evidence-based practice and processes; and outcome measurement. ■

American Association of Critical Care Nurses is the world's largest specialty nursing organization.

CIVICA Rx, from page 1

continued excessive prices and shortages – was greater than taking this creative action to solve the problem, Bahou said.

"I'm very proud of us for doing this," because it sends a message to the generic drug makers "to stop these greedy practices."

Shortages also play role in Civica formation

Although exorbitant prices were a driving force for the venture, persistent drug shortages also played a major role in Civica's formation. Health systems have had to spend a great deal of "time, labor and effort" scrambling to find substitutes for drugs that are in short supply or not available, he said. This frustrates providers, affects patient care and, in some cases, might delay surgeries. *(See cover story in The Scribe's August 2018 issue.)*

NPR emphasized that drug shortages have become so widespread that FDA Commissioner Scott Gottlieb created a task force in July to find solutions. In addition, the Justice Department, along with 45 states, have accused a group of generic drug makers of price fixing. The *Washington Post* reported last month that "what started as an antitrust lawsuit brought by states over just two drugs in 2016 has exploded into an investigation of alleged price-fixing involving at least 16 companies and 300 drugs."

The seven health systems making up Civica, representing about 500 U.S. hospitals, each supply governance through a board of directors, and provided much of the initial capitalization for the company. The *Post* wrote that by September, the partners had committed $100 million to the effort. The U.S. Department of Veterans Affairs also will work in consultation with Civica to address its particular needs. Other health systems participating in Civica are expected to be announced soon.

The group's president and chief executive is Martin Van Trieste, former chief quality officer for biotechnology giant Amgen. He agreed to lead Civica and accepted no salary.

According to information released by Civica, research into the actual costs of manufacturing and distributing generic drugs suggests that, in many instances, prices for generic drugs used in hospitals can be reduced to a fraction of their current costs. This should save health systems hundreds of millions of dollars each year, the company stated.

Civica is collaborating with the American Hospital Association's new Center for Health Innovation to address inquiries about joining the effort. ■

Bahou said **Civica was made a nonprofit on purpose,** so that its status as **not for sale would be clear** to any potential big pharmaceutical manufacturers who might try to buy it out.

Knight institute funds projects to address cancer-related health disparities

The OHSU **Knight Cancer Institute** has provided grant funding to 17 community-led projects around the state for its Community Partnership Program. The latest round of funding, totaling $320,000, supports 13 new and four previously funded projects that target a diverse range of cancer types and demographics. Many of the newly funded entities will develop programs to reach Latino, African-American, American Indian/Alaska Native, Asian and LGBTQ communities.

Organizations that received funding include Adelante Mujeres, Asian Health & Service Center, Cascade AIDS Project, Care Partners Hospice and Palliative, Coos County Oregon State University Extension Family & Community Health, Mittleman Jewish Community Center, Marion-Polk Food Share Inc., Native American Rehabilitation Association of the Northwest Inc., Northwest Sarcoma Foundation, Oregon Cancer Foundation, OSU: Health Promotion & Health Behavior, Oregon Institute of Technology, Oregon School-Based Health Alliance, The Public Health Foundation of Columbia County (now known as Columbia Health Services), St. Paul Missionary Baptist Church, Umatilla County Public Health and the Urban League of Portland.

Asian Health & Service Center, Marion-Polk Food Share, Northwest Sarcoma Foundation and OSU: Health Promotion & Health Behavior have received previous funding.

"I continue to be so pleased with the commitment of organizations and communities from around our state to tackle really challenging areas of cancer prevention and survivorship," said **Jackilen Shannon, PhD, RD**, co-director of the Community Partnership Program and associate director of community outreach and engagement.

Since the program's 2014 inception, the program has given more than $2 million and offers multiple tiers of funding to support local organizations in identifying and developing tools to address a cancer-related need. ■

MSMP MEMBER EXCLUSIVE

Online extra!

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According to a 2018 MedScape study, almost two-thirds of physicians suffer from burnout, depression or a combination of the two. But mindful self-compassion is a practice health care providers can adopt to improve their experience and, by extension, their patients' experiences.

Self-compassion is not a weakness, writes **Jill Goldsmith, Esq.**, a board member with the Portland nonprofit **Mindful Medicine**. Rather, self-compassionate individuals exhibit strength and resiliency amid adversity.

Learn more about it in Goldsmith's article "Mindful Self-Compassion and the Practice of Medicine" at *www.MSMP.org/MembersOnly*.

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